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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		1000%			EKIIFICA	IE OF DEATH				100
_ ~ ÷		CEASED-NAME First		Middle	Λ	/Last	2a. DATE OF D			2b. HOUR
and	(	Ype ar print)	119.		axi	ell	11	Manth Day	- Year	184
5- 2	3. SE	X	4. RACE		S.	DATE OF BIRTH		6. AGE (In years	IF UNDER TYEAR	IF UNDER 24 HR
ord completely filled in by the funeral remove carban papers. Proces I and 2 remove event, within 72 Hours are peeth	K	emale	Neg	ro		June 5, 19	03	lost birthday) 65 YRS.	MONTHS OAYS	HOURS MI
200	70. 1	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF D	EATH /		
l in ers. 72 h	coni	Virginia	USA		WIDOWED	DIVORCED	lat	Vent		1
pap	10. 0	ITY OR TOWN OF DEATH	11. N/	AME OF HOSPITAL OR IN	TITUTION (If not i	n hospitol 12a. US	SUAL OCCUPATION (		12b. KIND OF	BUSINESS OR
- 15 TX	15	as tou	give	street address)	ria	D during Ret	mast of working li	re, even if retired.)	INDUSTRY Seaf	ood
lete cark		USUAL RESIDENCE (Where deceas		ion: Residence befare	13c. CITY OR TO	WN 13d, INSIDE CIT	TY LIMITS? 13e. STRE	EET AND NUMBER		
me a 20	odm	ssion) STATE	13b. COUNTY	albot	St. Mic	haels YES	NO 108	Talbot St	• >	
any		ATHER'S NAME First	Middle	Last	IS. N	OTHER'S MAIDEN NAME	First	Middle		Last
physician signed by the attending physician of signed by the attending physician of burial-transit permit. Then please reburial, crematian, ar remayal, and in		Eli J	ones			Unk	nown			
a e cia		WAS DECEASED EVER IN U.S. ARM es, na, or unknown) (If yes give w	NED FORCES? or or dates of service)	16b. SOCIAL SECURITY	NO. 17. INFO	DRMANT		Address		
2 5		No	<b>G00</b>		Cha	rles Allen	Jr., St	t. Nichael		land
The		18. CAUSE OF DEATH (Enter an		ne far (a), (b), and (6).	) 11		111.	. 1		NATE INTERVAL NSET AND GEATH
nit. ar re		PART I. DEATH WAS CAUSED IMMEDIA	) BY: TE CAUSE (a)	11/03	0 110	JY XEK	7/12/6	12/		
affe an,		4129	DUE TO, OR /	AS A CONSEQUENCE OF	1	1 -1 -1	2			
sit nati		Conditions, if ony, which gove ) rise to immediate cause (a), (	(b)	Hes	xx x	211026	_		17.74	
by ran		stating the underlying couse	DUE TO, OR /	AS A CONSEQUENCE OF	/	- to 3-	10			
sici sici ial,	14	last.	(c)	Coxone		SYTENIO	5010509			
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT N		HE TERMINAL DISEASE O	RCONDITION GIVEN	IN PART 1(a)		
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al or attending icate has been far use as the Health prior ta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	CALISES	YES, WERE FINDINGS CO OF DEATH?	INSIDERED IN CE	RTIFYING
has as a lith pri	RTIF				100	YES NO				
aspital or at certificate ho hed far use ot. af Health		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEAT		FINJURY Manth Day Year	21c. HOW	INJURY OCCURRED (En	nter nature af injury	in Part 1 or Port 2, It	tem 18.)	
ta il p b	MEDICAL	(If either, notify medical exami	ner) P.M.	11						
	2	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY	AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.D.	No. City o	or Town	Caunty	State
After this be detaction State Dep		at work ot wark			1,	10		10		//> / > /
After be Stat		22a. I certify that (I) (the saw the deceased a		ended the decease	ed fram_and t	, 19 hat i <b>) (m</b> y) (aur) c	), ta aninian death ac	curred on the dat	te and haur	(I) (we) lo
med muld the		causes stated abave	, (I) (we) (did)		body byte det	STR/	pinian deam at	corred arr frie dar	re unu nuor (	and from th
y be retained  L DIRECTOR: A age 3 shauld filed with the	П	22b. SIGNATURE	1/2/		60	ATTENDING	MED.	STAFF 22c. P	ATE SIGNED	10
be red y	1		HEN		DEGREE	PHYS.	DIRECTOR .	PHYS.	1 /VOV	60
RAL DII		22d. PHYSICIAN'S NAME (Type)	146	I home	14	22e. ADDRESS	1 trans	my		
d b	L		11. 0	0111110	7 /	Car	The of	1/1111-		
Page 4 r O FUNER director, shauld	230	BURIAL, CREMATION, 23b. I			CEMETERY OR CR			(City or Town)	(County)	(Stote)
5000			v 18,196		vood Cen		Sho	erwood, Ma	ryland	
VR A15 (4)	24.	EMNERAL DIRECTOR	1	ADDRESS	ich for la	250 CEC 1	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	

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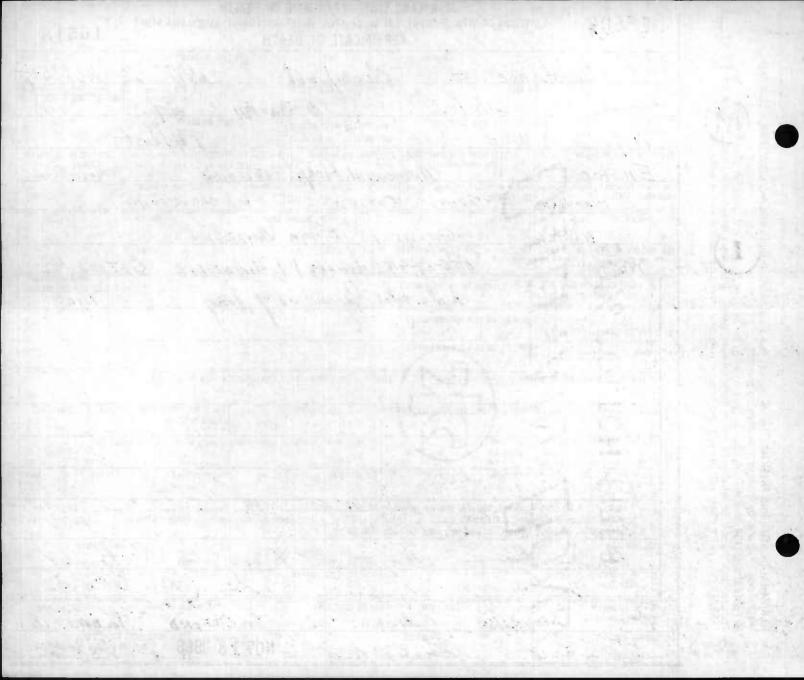
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	.0	4.3	. 3	2	25

			CERTIFIC	AIE OF DEATH						
1.	DECEASED-NAME First (Type or print)	1	iddle	Lost	2a. DATE OF DEATH	Year 2b. HOUR				
	Const	Ance G.	Blox	mlield	NOU 1	3 1968 S PM				
3.	SEX	4. RACE		S. PATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 4 HRS. MONTHS DAYS HOURS MIN.				
	temale	while	29	10-30-	1911 ST YRS.					
	. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNT	RY? 8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	,				
	·/Y. Y	U.S. A	WIDOWED		1.A/bot	Md				
10.	CITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL OR INSTITUTION (If n		JAL OCCUPATION (Kind of work done post of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY				
	EASton		Memoria	140SP 71	BACHING	PUBLIC SCHOOL				
	o. USUAL RESIDENCE (Where deceos missian) STATE	LIGH COLINTY -	nce before 13c. CITY OR		13e. STREET AND NUMBER					
177	MARYLAN				_					
14	. FATHER'S NAME First	Middle		MOTHER'S MAIDEN NAME		Lost				
16	WALTE.		AL SECURITY NO. 17.	EMMA V.	AVIZIN Address					
10	Yes, no, or, unknown) (If yes give w	enr or dates of consists		OWARD V.L.Z		XFORD. MA				
=	18. CAUSE OF DEATH (Enter on			ONARD FIF.	LOEMPIELD O	APPROXIMATE INTERVAL				
	PART I. DEATH WAS CAUSE	D BY:	destatic (	er ein beuch 4	1 Nous	BETWEEN ONSET AND DEATH				
	1830 IMMEDIA	ATE CAUSE (0)		The contract of	1040	Mean				
	Conditions, if any, which gave)	DUE TO, OR AS A CONSI	QUENCE OF	/-						
Г	rise to immediate cause (o),	(b)	OUTUS OF							
	stating the underlying cause	DUE TO, OR AS A CONSI	QUENCE OF							
		(c)	FATURET MOT DELATED TO	THE TENNEN DISTILL OF	COURTING OFFICE IN SERVICE					
	PART 2. OTHER SIGNIFICANT COM	ADILIONS CONTRIBUTING TO D	EATH BUT NOT RELATED IT	) THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)					
NOI	19a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	TION WAS DEDECORMED	20o. AUTOPSY?	CONSIDERED IN CERTIFYING					
CEPTIEICATION	Tro. Date of OFERATION 170.	CONDITION FOR WHICH OFERA	TION WAS PERFORMED	YES NO	CAUSES OF DEATHS	CONSIDERED IN CERTIFIED				
			Doy Yeor	t. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)						
MEDICAL	(If either, natify medical examination	ner) P.M.	19							
AAS	21d. INJURY OCCURRED While Nat while at wark	PLACE OF INJURY ( AT HOME, F.) OFFICE BUIL	ARM, STREET, FACTORY,) 21f. LO	OCATION Street or R.F.D. No	o. City or Tawn	Caunty State				
	22a. I certify that (I) (th	is haspital) attended th	e deceased from	10541, 19	68, to 13 km, 19	168, that (I) (we) las				
	saw the deceased a	live an 13 Mor	view the bady after	d that in (my) <del>(our)</del> ap	pinian death accurred an the d	ate and haur and fram the				
	22b. SIGNATURE	causes stated abave, (I) (we) (did) (did not) view the bady after death.								
	/ Know hom	Homin	My DEGI		MED. STAFF DIRECTOR PHYS.	14hor 68				
	22d. PHYSICIAN'S —	, 11		22e. ADDRESS	1 1.	0 ,				
	NAME (Type) 1HUR	STON HARRI	30N	Ca	Mr Many	land				
23	BURIAL) CREMATION, 23b.		NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
L	///	or 15,1968	CAFORD		OXFORD	14LBOT. MID				
24	I. FUNERAL DIRECTOR	B 6	ADDRESS	2Sa. REC'D	BY REGISTRAR 1968 REGISTRAR	S SIGNATURE				

the funeral ages 1 and 2 matter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. crem and completely filled in any event, within 7 remave carban pap please, **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending thy directar, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval Page 4 may be retained by the haspital or attending physician. 30M REV. 168



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7			16505		CE	RTIFICATE O	F DEATH		10	0 1 0
and a			CEASED-NAME Pirst Per ar print) BET	Ty Gre	Middle	BRE	Eding 2	o. DATE OF DEATH Manth	Day Ye	or 68 3A
the ful ages 1		3. SE)	Female	4. RACE White		s. DATE OF		6. AGE (In ye		YEAR IF UNDER 24 HRS. DAYS HOURS MIN
ind campletely filled in by the fur remave carban papers. Pages 1 any event, within 72 haurs after		count	RTHPLACE (Stote or foreign try) elaware	7b. CITIZEN OF WHAT C		MARRIED 🔀 NEVER I	VORCED	TALEO	7	Mo
ave carban pape y event, within 7	78		TY OR TOWN OF DEATH  EASTON	give street	1118	morial	during most o	CCUPATION (Kind af wark of working life, even if re 15ewife	tired.) INDUST	ND OF BUSINESS OR TRY
ave car	05	admis M :	JSUAL RESIDENCE (Where deced sion) STATE aryland	sed lived, if institution: //3b. COUNTY // Caroli		c. CITY OR TOWN	13d. INSIDE CITY LIMITS?			
0 -			ATHER'S NAME First Calvin Edwa		Last	El	MAIDEN NAME First la Trit	bitt	iddle	Lost
physician please			WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17. INFORMANT Paul	Breedin	ng Greenst		aryland
anding nit. The			1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI		s (a), (b), and (c).)	Prilure				PPROXIMATE INTERVAL WEEN ONSET AND DEATH
signed by the attending phy burial-transit permit. Then burial, crematian, or remaval			Conditions, if any, which gove rise to immediate cause (a),	DUE TO, OR AS A	CONSEQUENCE OF	le palu	surry les	Bli and		z when -
ned by ial-tran			stoting the underlying couse last.	(c)	CONSEQUENCE OF		die de	<i></i>		
sen sigr the bur	H		PART 2. OTHER SIGNIFICANT CO 465× Eur	blus (k	) femare	l acting				
has been use as the Ith priar ta	2	RTIFICA		CONDITION FOR WHICH (		YES		20b. IF YES, WERE FIN CAUSES OF DEATH?		IN CERTIFYING
this certificate detached far u		3	21o. ACCIDENT WAS UNDERLYING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	TH HOUR A.M. Miner) P.M.	onth Doy Yeor			ture of injury in Part 1 ar	Part 2, Item 18.)	
this ce detache			at wark ot wark	. PLACE OF INJURY ( AT I		and the state of		City or Town	County	State
<b>FUNERAL DIRECTOR:</b> After this certificate has been director, page 3 shauld be detached for use as the shauld be filled with the State Dept. of Health priar ta			22a. I certify that (I) (the saw the deceased couses stated above	live on 20 /	196	ond that in	, 19 <i>U8</i> (my) <del>(our)</del> apinio	n death occurred an	the date and h	that (I) <del>(we</del> ) las nour and from the
DIRECTOR: ige 3 shaultiled with the			226. SIGNATURE hers to	Heresa	. M.D		NDING MED.	TOR STAFF PHYS.	22c. DATE SIGN	2 68
ar, pag d be fill	-1		22d. PHYSICIAN'SNAME (Type) / HORS	TON HA.	RRISON	22e.	Cartan	ling laws	_	
TO FUNERAL director, pa		Bı	REMOVAL (Specify)	DATE 0V.22.68	Green	ETERY OR CREMATOR	ĢI	d. LOCATION (City or Tov ceensboro	Maryl	and
VR A15 30M REV.	120	24.	FUNERAL DIRECTOR	oulais	Dadoress	nolow	250. REC'D BY RE		Clarly	

be executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

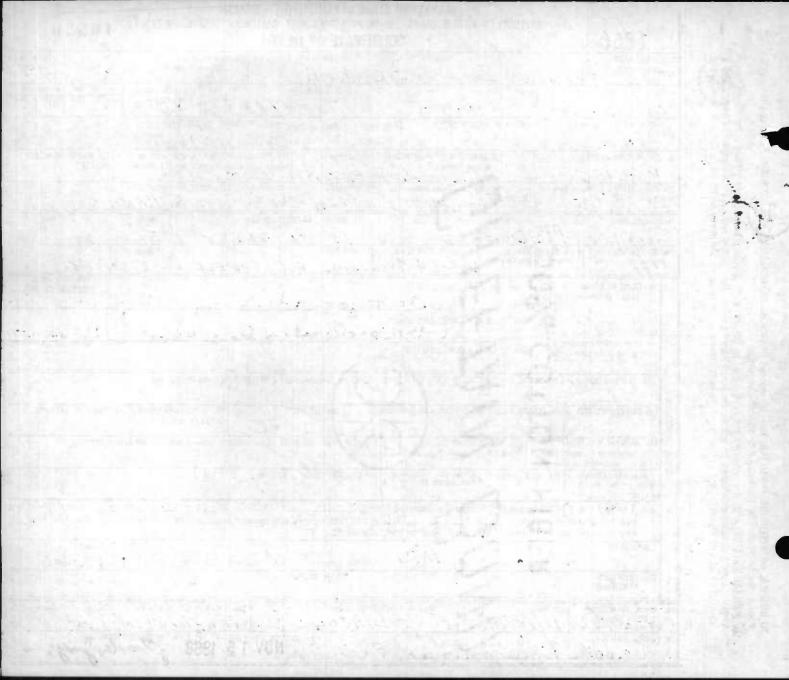
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16506	CERTIFICA	TE OF DEATH		10020	
1. DECEASED-NAME First (Type or print)	Middle >	Last 2a.	DATE OF DEATH  Month Day	Year	2b. HOUR
TANNIE E.	-DRICK	(ell	11 /	3 68	751
3. SEX 4. RACE	S.	DATE OF BIRTH	6. AGE (In years lost birthdoy)		UNDER 24 HRS.
FEMALE WH	ITE	414/18	1 (- 1 / YRS.		
7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT country)	COUNTRY? 8. MARRIED	NEVER MARRIED 9. COU	INTY OF DEATH		
ND: USA	WIDOWED 🗗	DIVORCED	1A/be7		Mo
	OF HOSPITAL OR INSTITUTION (If not i	in haspital 12a. USUAL OCCL	JPATION (Kind of work done	12b. KIND OF BU	SINESS OR
FAS tol	et oddress)	Sp. tit House	warking life, even if retired.)	INDUSTRY	
3o. USUAL RESIDENCE (Where deceosed lived, if institution:	Residence before 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		-
admission) STATE 13b. COUNTY	91-130T EAST	TO IV YES NO	1155. HAR	SISON	57
14. FATHER'S NAME First Middle	Lost 1S. N	MOTHER'S MAIDEN NAME First	Middle		Lost
WILLIAM MCDONA	LD /	ANTOINET	TE KELL	-Um	
16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16		ORMANT	Address		
Yes, no, or unknown) (If yes give wor or dates of service)	16-54-9806-1A.	MESFIBRICK	ELL, EASTO	N, MIT	)
18. CAUSE OF DEATH (Enter only one cause per line f				APPROXIMAT	INTERVAL
PART I. DEATH WAS CAUSED BY:	acute my	0.10	in O anotion	11-5-	-68
IMMEDIATE CAUSE (a)		o exocation.	engaran	10	-00
Conditions if any which gave	CONSEQUENCE OF	Consti; Co	ant dikens	21 -0	2 M GAITM
rise to immediate cause (a), (b)	CONSEQUENCE OF	20000 700	2000 minutes	2 0014	3,4007
stating the underlying cause DUE 10, OR AS A	CONSCOUNCE OF				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT DELATED TO T	HE TERMINAL DISEASE OF CONDITION	ON GIVEN IN PART 1(a)	-	
11201	2 TO DEATH OUT NOT RECATED TO TH	THE TERMINAL DISEASE ON CONDITION	on over in rake i(u)		
190. DATE OF OPERATION 19b. CONDITION FOR WHICH 210. ACCIDENT WAS UNDERLYING 21b. TIME OF IN HOUR A.M. H (If either, notify medicol examiner) P.M.	OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERT	IFYING
2	of Entitled three Entitles	YES MO MO	CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING 21b. TIME OF IN	IIIRY 21c HOW	INJURY OCCURRED (Enter noture	a of injury in Part 1 or Part 2 1	tem 181	
S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	Manth Day Year	HOOK! OCCORNED (Elliot Holoit	5 of injory in 1 dir 1 of 1 on 2, 1	10111 10.1	
(If either, notify medical examiner) P.M.  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY, 1 21F LOCA	TION Street or R.F.D. No.	City or Town	County	State
While Not while OF	FICE BUILDING, ETC.	MION Sifeer of K.F.D. No.	City of Town	County	31016
di work of wark		10/00	to 11 - 12 10	/ S/ AL - A //	V/. VI
22a. I certify that (1) (this haspital) attended saw the deceased alive an 11-	led the deceased tram	that in (my) (aur) aninian	to 11-13, 19	te and hour an	d fram the
causes stated abave (1) (we) (did) (di	d nat) view the bady after de	ath.	dealin accorred an ine au	re dila nadi dil	a main m
22b. SIGNATURE				ATE SIGNED	
R. Trever	M.D. DEGREE	ATTENDING MED. PHYS. DIRECTOR	R STAFF I	-13-6	8
22d. PHYSICIAN'S	-	22e. ADDRESS			
NAME (Type)					
23a. BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CR	EMATORY 23d.	LOCATION (City or Town)	(Caunty)	(State)
CREMOVAL (Specify) N 11/15/1968	FORT LING	20LN, W	ASHINGTON	DO	
24, FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGI		SIGNATURE	

1968

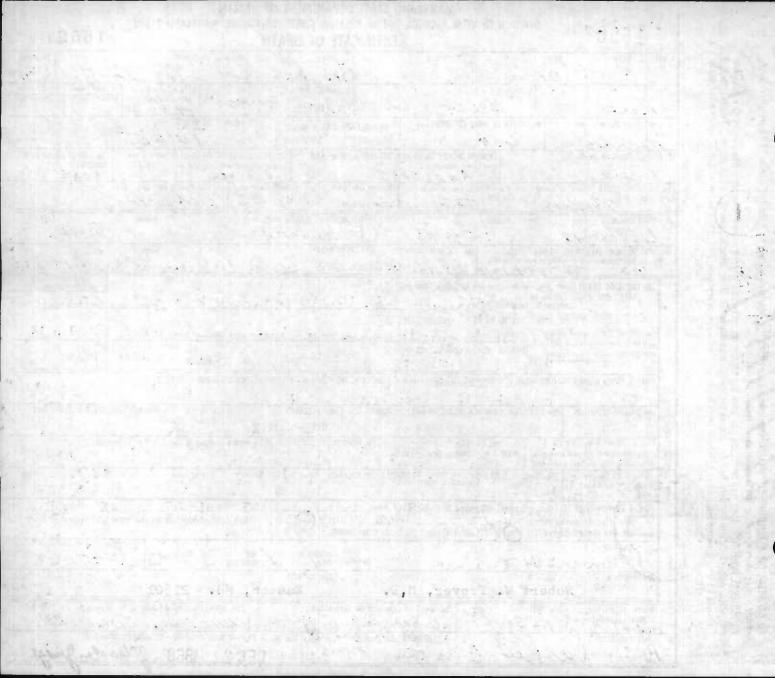
executed within 24 nours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pageshauld be filed with the State Dept. of Health prior ta burial, crematian, or remaval, and in any event, within 72 haurs of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate & Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

100%			16507	DIVISION OF VITAL RECORDS,		ON STREET, BALTIME OF DEATH	ORE, MARYLAND 21201	16521
			CEASED-NAME Appe or print)  C / Q /	Middle Pence	Br	ost	20. DATE OF DEATH Month	Day Year 3'6 A
by the fur Poges I		3. SE	MALE	4. RACE NEGRO		TE OF BIRTH  JUNE 21, 19		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
iin 24 hour filled in by papers. P hin 72 hou		caur	MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED M NE WIDOWED	DIVORCED	county of DEATH	<i>t</i> "
A within 24 hours after deoth the function of	78		EASTON	11. NAME OF HOSPITAL OR INS give street address)	AL	during mast	OCCUPATION (Kind of work do of working life, even if retired ORER	
executed and exemple emove, con only event	20	adm	ssian) STATE MARYLAND	ed lived, if institution: Residence befare 13b. COUNTY  TALBOT  Middle  Lost	EASTON	YES NO	615 1/2 DOUER	
d in			ULYLESSES	BROOKS	H	HER'S MAIDEN NAME First		CoopER
th certificate b ling physicion Then please removal, and i			was Deceased EVER IN U.S. ARN es, no, or unknown) (If yes give w 22- mag	ar or dates of service)  4-45 to 1/10/46 219-14-3			Address DOVER ST.	EASTON, Mel 2160.
that the deoth certificote an. by the attending physicio ronsit permit. Then pleos			DADT I DEATH WAS CAUSED	γ ane cause per line for (a), (b), and (c).  BY:  TE CAUSE (a)	43	ial Rem	enhage	BETWEEN DISET AND GEATH
the att			Conditions, if any, which gave nise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	noire	cardioi	ascular	>10 mos.
res rsicional red red riol-t			stating the <u>underlying cause</u>	DUE TO, OR AS A CONSEQUENCE OF			disease	
w requi		NO	443X	IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N				
The logarithm of the state of t	. 2	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE		Da. AUTOPSY?  YES NO X	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
ICIAN: The pital or at rificate had for use of Heolth		MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical exomin	HOUR A.M. Manth Day Year ner) P.M. 19			oture of injury in Part 1 or Part	2, Item IB.)
the hos this ce detache e Dept.	A	W	at work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	Caunty State
ENDING ned by the R: After uld be the Stot			saw the deceased a	is haspital) attended the decease live an 1; - 2, 7 live an 1; - 2, 7 live with	968, and tha	it in (my) (aur) apinia	an death accurred an the	date and haur and fram th
VL OR ATT y be retain L DIRECTO age 3 sho filed with		į.	22b. SIGNATURE	W. Trener		ATTENDING MED.		22c. DATE SIGNED 11-27-68
A P P P P P P P P P P P P P P P P P P P		,	22d. PHYSICIAN'S	ert W. Trever, M.		22e. ADDRESS Easton,	Md. 21601	
Page 4 r	2		10/2/2	1-36-68 Willie	CEMETERY OR CREM	Merkenso	23d. LOCATION (City or Town)  NEAR EASTON	(County) (State) TPLBOT Md.
VR A15	No.	24.	FUNERAL DIRECTOR	1. 100 6 42 ADDRESS	Novem.	2Sa. REC'D BY F		AR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

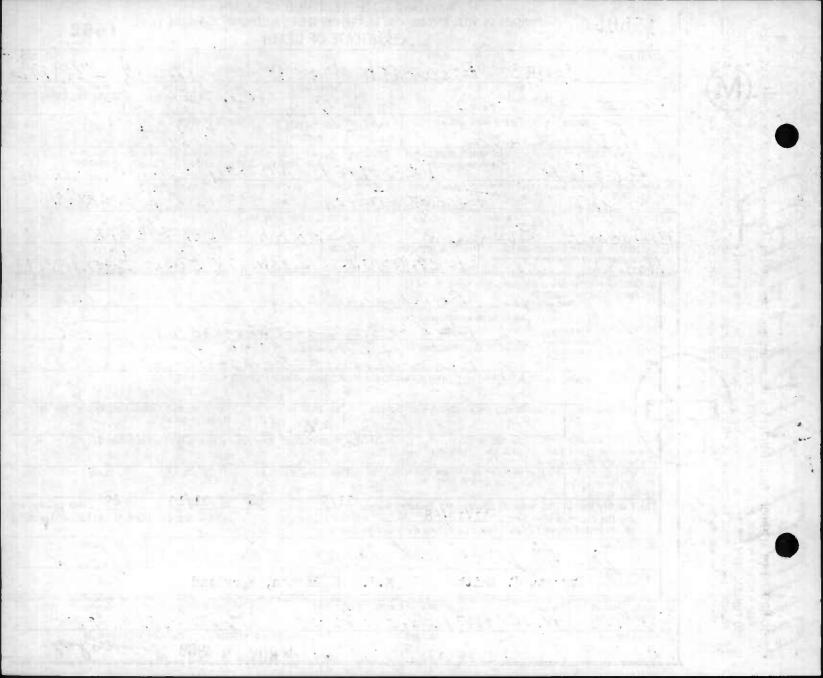
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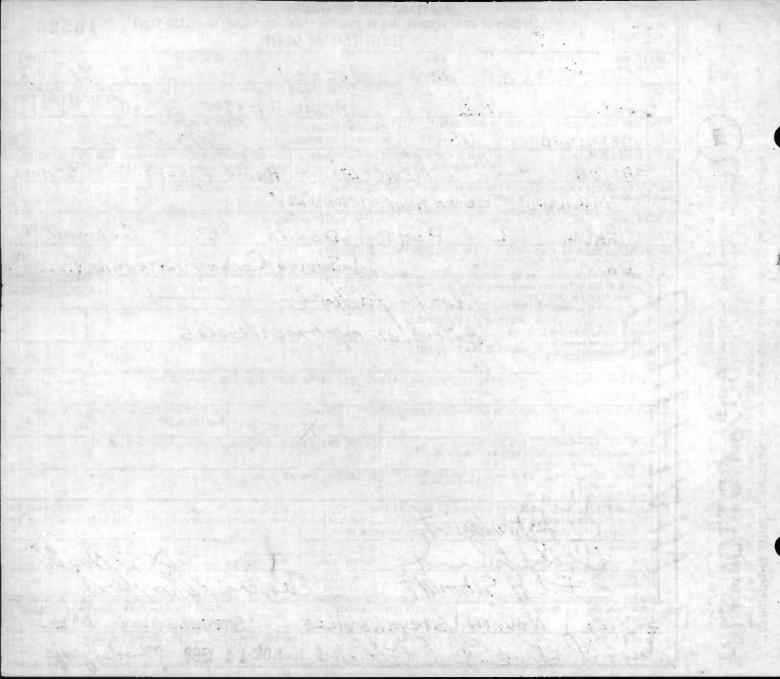
				C	ERTIFICA	TE OF DEATH			200	
		ECEASED-NAME First	MES	Elsizion	27/	Buck	2a. DA	TE OF DEATH Month	Day Yeor	2b. HOUR
	3. SE		4. RACE	ITE	S	DATE OF BIRTH	1891	6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MONTHS DA	
	7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED [] WIDOWED	NEVER MARRIED	9. COUNT	ALBOT		Md.
8		EASTOI	give	AME OF HOSPITAL OR INST	MOFI	A/ 1979.	most of wo	ATION (Kind of work dan thing life even if retired		OF BUSINESS OR Y SURALY (LE
0	odmi	USUAL RESIDENCE (Where decersission) STATE	13b. COUNTY	141-1307	13c. CITY OR T	ON YES	NO 🗌	3e. STREET AND NUMBER	OVEK	SX.
	10	FATHER'S NAME First  WAS DECEASED EVER IN U.S. AI	BUCK  BUCK	Lost 16b. SOCIAL SECURITY N		MOTHER'S MAIDEN NAME			NES	Lost
		os)no, or unknown) (If yes give	e war or dates of service)	216-09-4		s. J. ELLSI	WORT,	A Buck,	EASTO	N. M.D.
		Conditians, if any, which goverise to immediate cause (a) stoting the underlying couse last.	SED BY: DIATE CAUSE (a)  DUE TO, OR / (b)  DUE TO, OR / (c)	BRONCH AS A CONSEQUENCE OF AS A CONSEQUENCE OF CKNKNA	1105 CLA	Encire Co Encare BA	cain		BETWEE	EN ONSET AND DEATH
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO 334 X 190. DATE OF OPERATION 191		JTING TO DEATH BUT NO		20o. AUTOPSY?	2	I GIVEN IN PART I(a)  20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN	N CERTIFYING
1	MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLY ☐ OR CONTRIBUTING ☐ CAUSE OF DE (If either, natify medical exan	EATH HOUR A.M.		21c. HOV	YES NO		of injury in Port 1 or Port	2, Item 18.)	
	MED	21d. INJURY OCCURRED 21 While Not while at work	e. PLACE OF INJURY	( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		- 1.	4.0	City or Town	County	State
			alive on	ended the decease 1/12/68 19 (did not) view the b	, and	that in (my) (our) o	opinion de	oth occurred on the	dote ond ho	nat (I) (we) last ur ond from the
-		22b. SIGNATURE  22d. PHYSICIAN'S	# De	fruid,	OFGRE	11110.	MED. DIRECTOR	STAFF PHYS.	2c. DATE SIGNED	68
1	23a.	BURIAL CREMATION. 23b	ett D. Sm	23c. NAME OF C	M. D.	22e. ADDRESS on,		CATION (City or Town)	(County)	(State)
The same		FUNERAL DIRECTOR	1/16/19	ADDRESS	DKI		BY REGISTE	PLTIMORE RAR 2Sb. REGISTRA	(17	nga.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physkiar and dompletely filled in by director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carban papers. Page should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours VR A15 (4)

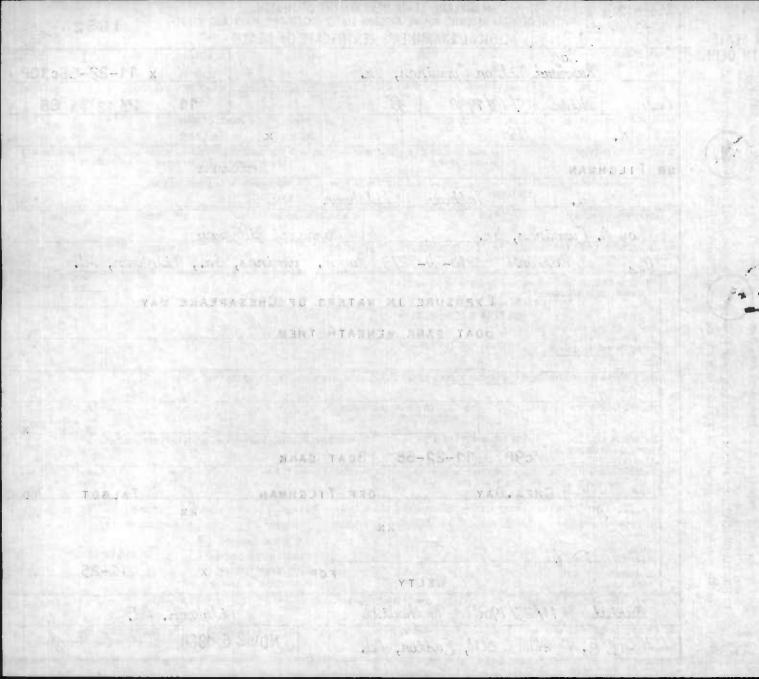
10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or attending physicion.





### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12/3/68 kk 16524 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Robitst Middle 20. DATE KNOWN Day 27 Year (Type or Print) Rexmand Milton ( OF ESTI-11-22-68c10P M 0 umminas. DEATH MATED X JE LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR MONTHS White Male 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) 1154 WIDOWED DIVORCED TX Talbot-Poges ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) TILGHMAN Give xominer's Office olong deoth. 13d. INSIDE CITY LIMITS? with 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Talbox Tilahman YES NO hours and 2 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME Margaret Ridgeway umminos 17 INFORMANT 16b. SOCIAL SECURITY NO This certificate should be executed within pencil (Yes, no, or unknown) Roy M. Sr. Tilahman, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) EXPOSURE IN WATERS OF CHESAPEAKE BAY DUE TO, OR AS A CONSEQUENCE OF evel the funeral director. Page 4 should be forwarded to the Chief Conditions, if any, which gave (b) BOAT SANK BENEATH THEM rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pleose execute the certificate, YES 🔲 NO J 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year FUNERAL DIRECTOR: Page 3 should MEDICAL PRIMARY OR CONTRIBUTING [ SICAL EXAMINER: BOAT SANE CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) WHILE NOT WHILE AT WORK CHES. BAY OFF TILGHMAN Ma 22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection . Inquiry | and in my apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE F O PPEPUTY MEDICAL EXAMINER **EXAMINER'S** WELTY NAME (Type) ADDRESS(Street, city, tawn, ar county) 50 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY Methodist 23d. LOCATION (City or Town) (County) (State) Tilahman. 24. FUNERAL DIRECTOR NEWNAM & SON, Easton, Md. VR A15ME (5)

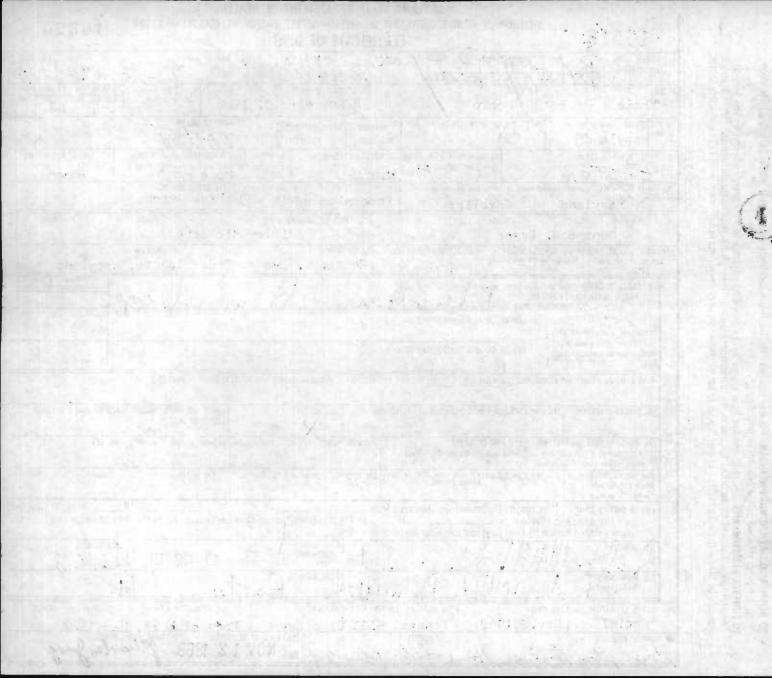


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

16525

<b>±</b> 2− <b>±</b>		CEASED-NAME Pirst	Middle		Dest .	2o. DATE OF DEATH Month		2b. HOUR
er death. funeral 1 and 2 er death.	1	ype or print)	eles larni	ral.	1) AUIS	/ monn	Doy Yeor 68	50
fur fer fer	3. 58	X	4. RACE	5.	DATE OF BIRTH	6. AGE (In years lost-birthday)		UNDER 24 HRS.
s afte gages rs afte		NALE	WHITE			72 /3 Y	RS.	OK3 MIN.
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A de la	100	"" MD	USA	WIDOWED _	DIVORCED	TAID	0/	Mo
E 25/18	1D. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in	n hospitol 120. USUAL (	OCCUPATION (Kind of work do of working life, even if retired		INESS OR
THE PARTY NAMED IN		EASTON .	Inemorial	13051	DITITI FA	NMEK	1.)	
requires that the death certificate be executed within 24 haurs after death sphysician.  signed by the attending physician and campetery filled in the funeral burial-transit permit. Then please remove carbot powers ages 1 and burial, crematian, or remayal, and in any element within 72 hours after death aburial, crematian, or remayal, and in any element within 72 hours after death		USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution: Residence before 13b. COUNTY A -130 T	CURED				
and car remov in any e	14.	ATHER'S NAME First	Middle Lost	1S. M	OTHER'S MAIDEN NAME First	Middle	l	Lost
and e rem	1	NILLIAMH	DAVIS		DEORGA	YNA SAU	LSBURY	1
icate b		WAS DECEASED EVER IN U.S. ARM			ORMANT /	Addges		20
hysi n pl val,	L'	es (no, or unknown) (If yes give v	var or dates of service) 3/8-34/-	2953/1	RS. C. NORM	AN DAVIS, L	O RDOVA	(IL
that the death certificate b an. by the attending physician transit permit. Then please crematian, or remayal, and		18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c).)	0 100	1011	1 - 1	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ndir ndir or re		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0) Kight Mid	We Le	repral Atte	ry hours	0515 484	485
atte erm an, c		433 9	DUE TO, OR AS A CONSEQUENCE OF					
the sit position		Conditions, if ony, which gove	(b)					- 12
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quires physicio igned igned urial-t		last.	(c)					
equires physici signed burial- burial		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO TH	HE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)		
w rathe the rta	NO	332X				Last us was histor shipping	CONCIDENCE IN CONT	runio.
e law re tending us been as the prior ta	CERTIFICATION	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER	RFORMED	2Do. AUTOPSY?	2Db. IF YES, WERE FINDING CAUSES OF DEATH?	35 CONSIDERED IN CERTIF	FYING
AN: The all or att icate ha far use Health	ERTIF	21o. ACCIDENT WAS UNDERLYIN	IC TOSE TIME OF IMMINY	Int. How	YES NO	A service in the bank I see the	0 Iam 10)	
AN:		OR CONTRIBUTING CAUSE OF DEA		ZIC. HUW	INJURY OCCURRED (Enter no	oture of injury in Port 1 or Port	2, Item 18.)	
spit spit ertiff ed	MEDICAL	(If either, notify medical exami 21d. INJURY OCCURRED 21e.	ner) P.M. 19 PLACE OF INJURY ( AT HOME, FARM, STREET, FAC	TORY 1 016 1064	MON CALL MAN	City on Years	County	Stote
by the has wither this ce be detache State Dept.	-	While Not while	OFFICE BUILDING, ETC.	ZII. LOCA	TION Street or R.F.D. No.	City or Town	Cooling	31018
IG P		of work of work	is hospital) attended the decease	16.	196	5 ta ///	19 66 , that (I)	(we) las
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OR: aufo		causes stoted obav	e, (1) (we) (did) (did nat) view the	body after dec	oth.			
retained ECTOR: #		22b. SIGNATURE	00.50		ATTENDING MED	STAFF	22c. DATE SIGNED	15
y be y be age 3 filled v	Г		ne chi	DEGREE		CTOR L PHYS. L	11 4	00
RAL RAL be f		22d. PHYSICIAN'S NAME (Type)	KRECK TR	•	22e. ADDRESS	570N, 1	hd:	
	22	BURIAL CREMATION, 23b.	DATE 22 HAME OF	CEMETERY OR CR	EMATORY	23d. LOCATION (City or Town)	(County) (	(Stote)
Page 4 i	230	BURIAL, CREMATION, 23b.	14/1968 SPRI		11-4-	EASTON!	n	31016)
	24	FUNERAL DIRECTOR	ADDRESS		2So. REC'D, BY	REGISTRAR 2Sb. REGISTR	AR'S SIGNATURE	
VR A15 (4)		1A11110 8 M	mak Lander		DATE NO	V 8 1968 &	Charles Que	dee

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REET, BALTIMORE, MARYLAND 21201 **DEATH** 

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12	DIAISIOM OL	VITAL RECORDS,	301	AA' LKE2	10M 21
ي فولد			CER	<b>TIFICAT</b>	E OF

	ECEASED-NAME		First	Middle		Lost		20.	DATE OF					2b.	HOUR
(	Type or print)	Anna	н	emsley	FI	nod				Month 1 1	000	4	Year 68		M
3. SI	EX		4. RACE			S. DATE OF BI	RTH			6. AGE (In ye	ors	IF UNDER		IF UNDER	24 HRS.
	Fem	ale	Ne	gro		Oct.	11,	188	4	lost birthdo	Y) YRS.	MONTHS	DAYS	HOURS	MIN.
70.	BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	☐ NEVER MAR			INTY OF	DEATH	1				
cani	Maryl	and	U	SA	WIDOWED		CED TR		Tall	bot					Md.
10. (	CITY OR TOWN O		-1	I. NAME OF HOSPITAL OR II	ISTITUTION (If r		12a. USU	AL OCCU	JPATION	(Kind of work		12b.	KIND OF I	BUSINESS	
1	Easton			ive street address) emorial			during m	eti e	working l	life, even if re Nurs	tired.)	INDU	JSTRY N	one	
13a.	USUAL RESIDEN		eceased lived, if ins	titution: Residence before	13c. CITY OF	R TOWN	13d. INSIDE CITY			REET AND NUM					
		rylar	Id 13b. COUNT	albot	East	on	YES N	10 🗆	119	5 Wes	t S	t.E	ast	on.	Md.
14.	FATHER'S NAME	First	Middl	e Last	1:	S. MOTHER'S MA	IDEN NAME	First		M	iddle			Lost	
	Villia			Hemsley		Rache	al	- 51			G	rin	nagi	9	
160	. WAS DECEASED	EVER IN U.S iwn) (If yes	ARMED FORCES? give war or dates of service	16b. SOCIAL SECURITY 219 42	No. 9185 M	Rache	S. I	Hans	sån	Stree	et,	Eas	ton	, Me	d.
	IR CAUSE OF	DEATH /Ent	er only one rouse of	er line for (a), (b), and (c	11								APPROXIN	AATE INTERV	/Al
	PART 1. D	DEATH WAS C	AUSED BY:		As	pirati	on P	nem	oni	a			Hou:		EATH
	510	IMI	MEDIATE CAUSE (o) _			F =							220 00		
	Conditions, if	ony which a		OR AS A CONSEQUENCE OF											
	rise to imme		(a) (b)_	and a constanting of								-			
	stating the u		use DUE 10, 0	OR AS A CONSEQUENCE OF		tinal	Ohat	20110	+10	~			Day	d	
	last. 5 7		, (c)	AND TO DELTH BUT								1.	Day	5	
				BUTING TO DEATH BUT I			. DISEASE OR	CONDITIO	ON GIVEN	N IN PART I(0)					
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MEDICAL CERTIFICATION	19a. DATE OF O	PERATION	TYB. CONDITION FOR	WHICH OPERATION WAS P	EKFUKMED	20g. AUTO				YES, WERE FIN	DINGS (	.UNSIDEK	ED IN CE	KIIFYING	1
ERTIF	DI ACCIDENT	MAC DAIDE	TVING Tour	5 05 411101	las o	YES 🗌	NO []								
AL C	21a. ACCIDENT			E OF INJURY .M. Manth Day Yea		OW INJURY OCC	UKRED (Ente	er nature	e at injur	ry in Part 1 ar	Part 2,	Item 18.	)		
EDIC	(If either, nati	fy medical e	kaminer) P	.M.	19										
2	21d. INJURY (	OCCURRED t while	21e. PLACE OF INJU	RY ( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LI	OCATION Stree	r or R.F.D. No	0.	City	ar Tawn		Caunt	γ	S	tate
	While No	wark										-	9-1-		
	22a. I certi	ify that	(this haspital)	attended the decea	sed from 1	1.1 /	, 19_	68,	ta	11-23	, 19	00	, that	(w	e) last
	saw th	ne decease	d alive an	(did nat) view the	body after	d that in (m	A) (ant) ab	oinian c	death a	occurred an	the do	ate and	haur	and tra	m the
В	22b. SIGNATUR		dve/m (we) to	(did fidi) view ille	bouy dilei	dediii.					220	DATE SIG	INED +		
	220. SIONA (20	wh	and "	offer a	Moder	REE PHYS.	G P	MED. DIRECTOR	R 🗆	STAFF PHYS.	17	-2	4-	6	P
	22d. PHYSICIA	N'S				22e. ADD					7	1			
	NAME (Ty	pe) Dr.	Richa	rd Tyson		221	Gler	nwo	od 1	Ave.,	Eas	ton	, Ma:	ryl	and
23a	BURIAL, CREMA	ATION,	23b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	Linen	23d.	LOCATIO	N (City or Tow	vn)	(Caun	ity)	(Stote	)
	Buria	cuty)	11/27/6	8 Richa	rds M	emoria	.1	Han	mmor	nd St.	. F:	ast	on .I	Md.	
24.	FUNERAL DIREC		6 Dover	ADDRES	S NEO	ryland	2So. REC'D	BY REGIS	STRAR	2Sb. REG	ISTRAR'S	SIGNATI	JRE		
J	R Dog	htori	Tayout	Job East	on, Ma	TATAIL	DATE NO	V 2	7 10	ARR O	Clu	me a	. Vec	dal	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haves after death. 30M REV.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

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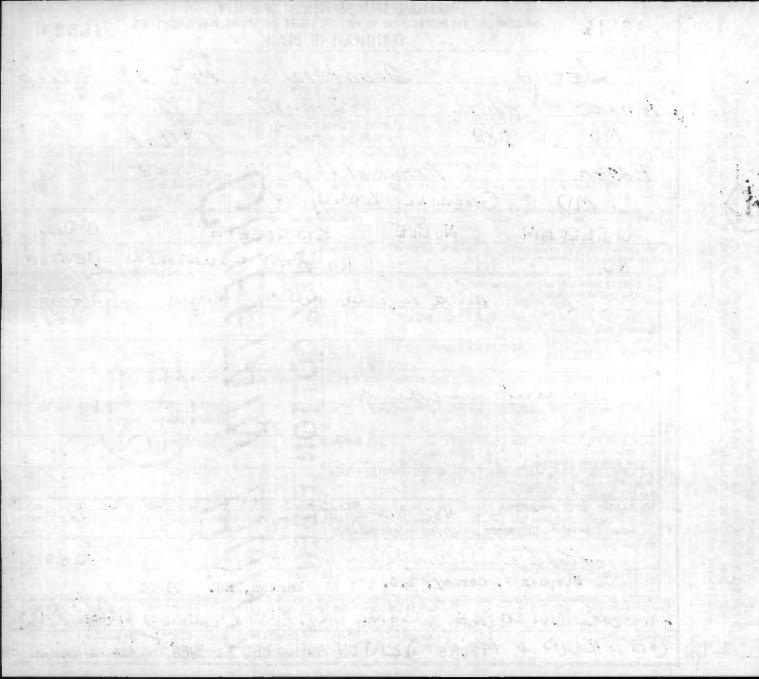
PONCORD

2Sb. REGISTRAR'S SIGNATURE

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2Sa. REC'D BY REGISTRAR

DEC 3



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 has

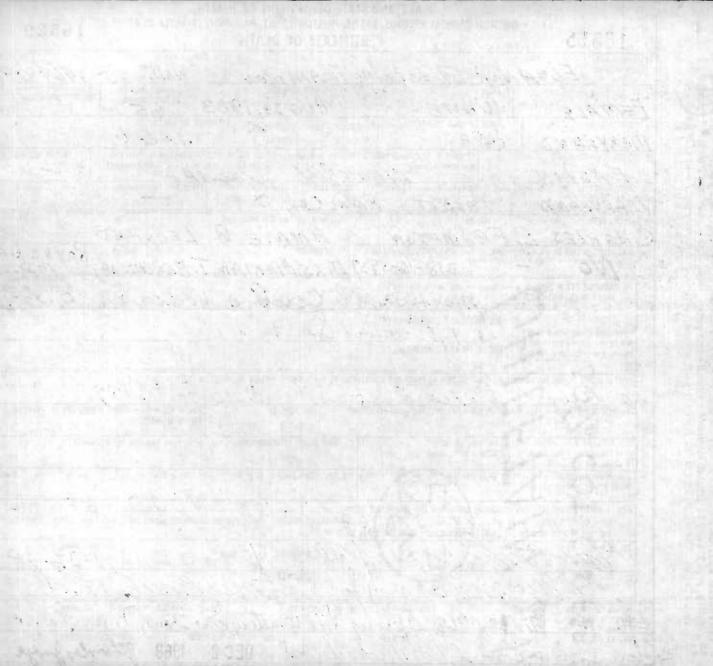
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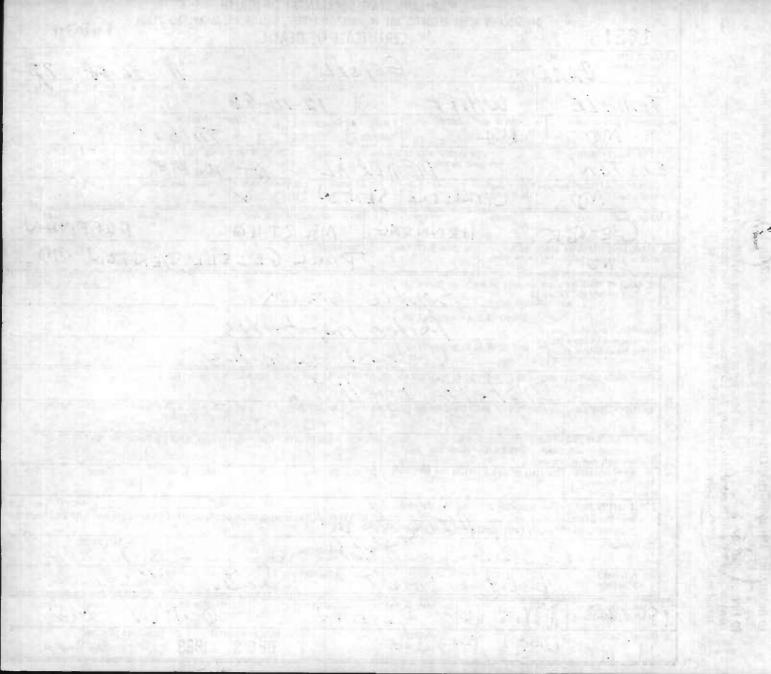
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executed within 24 haurs after death.

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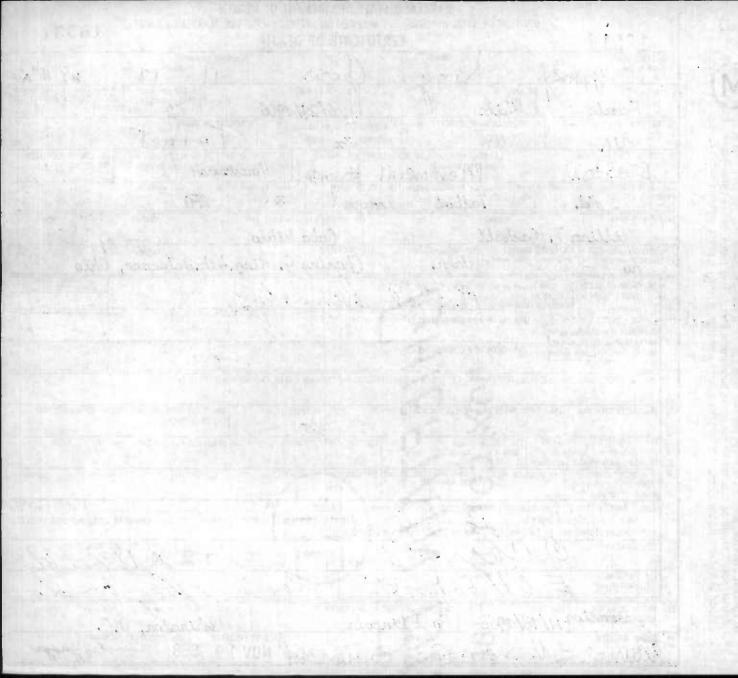
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		Ype or print)	E/10	diale D	El	11 FO	0.000 . 1.	20. DA	Month	Day	1 Year o	20. HOUR
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1	7a. E	SIRTHPLACE (State	or foreign	-	WHAT COUNTRY?	8. MADDIED	NEVER MARRIED		TY OF DEATH	1K3.		
	cour	TARVIA	ND	1151	7	WIDOWED			A 16 607	2		Md.
1	10. 0	ITY OR TOWN OF	DEATH		NAME OF HOSPITAL OR IN	ISTITUTION (If not		USUAL OCCUPA	ATION (Kind of worl		12b. KIND OF BU	
1		EAS.	LON	giv	re street oddress)	e Mox	dusing	g most of wo	rking life, even if re	etired.)	INDUSTRY	
l			(Where deced		tution: Residence before	13c. CITY OR T			3e. STREET AND NUM	MBER		10 9 3 1
	odni	STATE PARTE	ND	13b. COUNTY	LB 5T	KOYAL	OAK YES	NO 🗌				
	14. F	ATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MAIDEN NAM	AE First		iddle		Lost
l		HARL	ES [	- FRA	MPTON		HNNIE	13.	LEONA		7	_
I		WAS DECEASED EV es, na, of injunown		MED FORCES? war or dates of service)	16b. SOCIAL SECURITY	NO. 17. INF	ORMANT		Ad	dress	KOVAL	UAK
	-	100			418-16-3	14/11	RS [11+K]	AIV /	JEKGU.	SOIV	APPROXIMATI	D_ INTERVAL
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ı		Canditions, if any	, which gave	)	R AS A CONSEQUENCE OF	mil	ronde.	4				/
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I		last. 3 3	× couse	(c)_								
ı		PART 2 OTHER S	GNIFICANT CO	INDITIONS CONTRI	BUTING TO DEATH BUT I	OT RELATED TO	THE TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1(0)			
1	NC	alher	ose	evole	e carde	è va	1de N	Na	beley.	77		
١	CERTIFICATION	19a. DATE OF OPER	ATION 196	. CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	1	Ob. IF YES, WERE FIN	IDINGS CONS	IDERED IN CERT	IFYING
	RTIF	AL TOMBENT W	AC TIMBERIA	NO TON		Tax way						
ı		21a. ACCIDENT W	CAUSE OF DE	ATH HOUR A.	OF INJURY A. Month Doy Yeo		/ INJURY OCCURRED (	Enter noture o	of injury in Port 1 ar	Part 2, Item	1 18.)	
l	MEDICAL	(If either, notify 21d. INJURY OCC			N. Y   AT HOME, FARM, STREET, F.	19 NOTORY 1 215 1 205	OTION CALLED TO DEC	N-	City or Town	-	ounty	Stote
1		While Not w	nile 📉	. PLACE OF INJUK	OFFICE BUILDING, ETC.	217. LOC	ATION Street or K.F.D.	. No.	city or lown		.ouniy	21016
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ı			tated abay	e, (I) (we) (di	did nat) view the	bady after de	ath.			T 40	- 414	
		22b. SIGNATURE	11	2201	rell	DEGREE	ATTENDING A	MED.	STAFF PHYS.	22c. DA1	E SIGNED	10
١	4	22d PHYSICIANCS	16/	111 0	0	DEGKE	PHYS. 22e. ADDRESS?	DIRECTOR	PHTS.	1//-	D. 10	20
ı		22d. PHYSICIAN'S NAME Type	Me	4m	1/2eese	1/2	M	nec	nacel	117	ref	D Lie
	230	BURIAL, CREMATIC		DATE	23c. NAME OF	CEMPTERY OR L	REMATORY	23d_1(	OCATION (City or Tov	rg) (	County	(State)
	1	REMOVAL (Specify	- h	227,1	768 Spr	ing to	ex Emele	4 00	iston,	mar	year	d
	24.	UNERAL DIRECTOR	5	P	1 14 ADDRES	5 / /		BY REGISTI		ISTRAR'S SIG	NATURE	-0
	1	arrison	60X	sonau	K. ST. M	enall	DATE L	EC 2	1968	May	co you	-





	1	+6517	DIVISION OF	VIIAL RECORDS,	CERTIFICATE
٠	1. D	ECEASED-NAME First		Middle	/ Lo
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s of		Female	White	(/	11 6
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certificate b g physician Then please movol, ond i		. WAS DECEASED EVER IN U.S. ARA	MED FORCES? or ar dates of service)	166. SOCIAL SECURITY I	NO. 17. INFORM
equires that the death physician. signed by the attendin burial-transit permit. burial, cremotion, or re	NOI	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COM	DBY:  ATE CAUSE (a)  DUE TO, OR A  (b)  DUE TO, OR A  (c)  ADITIONS CONTRIBU	AS A CONSEQUENCE OF	OT RELATED TO THE T
LIAN: The fow rated or ottending flicote has been far use as the f Health prior to	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF HOUR A.M.	Manth Doy Year	21c. HOW INJ
S PHYSICI the hospit this certif detached e Dept. of	MED	(If either, natify medical examinated in the control of the contro	,	AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	
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OR A1 be reto DIRECT ge 3 sh ded with		22b. SIGNATURE	Up	mil	DEGREE
SPITAL OR 4 moy be VERAL DIRI Tor, poge 3		22d. PHYSICIAN'S NAME (Type)	C-H	50 /177	ict 2
HOSP Poge 4 I	23a.	BURIAL CREMATION 23b. REMOVACEMENT 17	DATE / 18/1068	23c. NAME OF	CEMETERY OR CREMA

OF DEATH 2b. HOUR 2g. DATE OF DEATH 55 E OF BIRTH 6. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS 9. COUNTY OF DEATH VER MARRIED DIVORCED spital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR **INDUSTRY** 13e. STREET AND NUMBER 134. INSIDE CITY LIMITS? YES NO RFD IER'S MAIDEN NAME First Middle uba Niblo G. King, 4th. Delaware, Ohio APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🖂 URY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) Street at R.F.D. No. City or Tawn County State in (my) (our) opinion death occurred on the dote and hour and from the ATTENDING MED. DIRECTOR STAFF PHYS. HYS. 2e. ADDRESS 23d. LOCATION (City or Town) (County) (State) Washington, D. C.
STRAR 256. REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR ADDRESS** 2Sa. /REC'D BY REGISTRAR victiones



Last 220-48-3506 Father(address given above) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO D YES [ OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State Inquiry , and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 11-10-68 DEPUTY MEDICAL EXAMINER EXAMINER'S Louis Welty MUEL7 ADDRESS(Street, city, town, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY St. Paul Church 23b. DATE 1-13-1968 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) Williston, Caroline, Md Bu TEMOMAT (Specify) Church Cemt 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR DATE NO 1.

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2Sb. REGISTRAR'S SIGNATURE

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FUNERAL DIRECTOR

VR A15 (4) 30M REV. 1/68

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death.

executed within 24 haurs and completely filled in by

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the hospital ar attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL PECOPOS

	-	16521		•	ATE OF DEATH		- TEATE 21201	1653	.)	
		CEASED-NAME print) First	WARD A.	1	Hurd	2a. DATE C	DF DEATH Month Day	Yeor	2b. HOUR	
	3. SE	Male	4. RACE white		5. DATE OF BIRTH/ 5/23/189	5	6. AGE (In yeors last birthday) 7 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN	
	7o. B	MRTHPLACE (Stote or foreign Mass.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED: WIDOWED	NEVER MARRIED DIVORCED DIVORCED	9. COUNTY O	F DEATH		Mo	
3	10. C	EASTON	11. NAME OF HOSPITAL OR IT give street address)	NSTITUTION (IF I			N (Kind of work done g life, even if retired.)	12b. KIND OF E INDUSTRY	USINESS OR	
0		USUAL RESIDENCE (Where decease ssian) STATE Md.	ed lived, if institution: Residence befare	Easto		NO 13e.	STREET AND NUMBER			
1	14. F	ATHER'S NAME First  C. Russel	Middle Lost 1 Hurd	1	S. MOTHER'S MAIDEN NAME Mary N		Middle Hurd		Lost	
	- Y	WAS DECEASED EVER IN U.S. ARM es, na, or unknawn) (If yes give w S WW	gr or dates of service)		NFORMANT A Mary O	. Hurd	Easton,	Md.		
		PART I. DEATH WAS CAUSED	ly ane cause per line far (o), (b), and (c) BY: TE CAUSE (a)		Tosis			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF							
		rise to immediate cause (a), stoting the underlying couse last.	(b)	F						
	7	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED T	O THE TERMINAL DISEASE OF	R CONDITION GIV	/EN IN PART 1(a)			
2	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	PERFORMED	20a. AUTOPSY?  YES NO		IF YES, WERE FINDINGS CO ES OF DEATH?	ONSIDERED IN CEI	RTIFYING	
	CER	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. H		ter nature of in	jury in Port 1 or Port 2, I	tem 18.)		

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. P.M

Month Doy Yeor

(Enter nature of injury in Port 1 or Port 2, Item 18.)

County Stote

21d. INJURY OCCURRED While Not while at work at work

21e. PLACE OF INJURY

( AT HOME, FARM, STREEF, FACTORY, ) 21f. LOCATION

Dorsett

Street or R.F.D. No.

City or Town

(State)

PHYSICIAN'S NAME (Type)

22a. I certify that (1) (this haspital) attended the deceased fram-saw the deceased alive an 11 - 9 1968, saw the deceased alive an

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death.

ATTENDING

MED. DIRECTOR

1968, ta

22c. DATE SIGNED

22e. ADDRESS

Maryland East on 23d. LOCATION (City or Town) (County)

23a. BURIAL, CREMATION,

22d.

22b. SIGNATURE

23b. DATE 11/13/68

St. Paul Cem.

near

Chestertown,

Md. 25b. REGISTRAR'S SIGNATURE

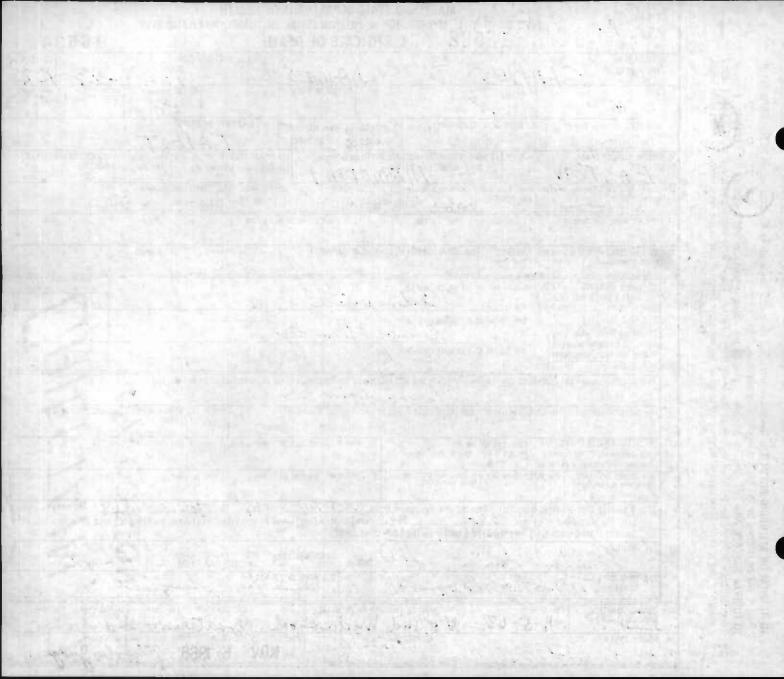
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the factor director, page 3 shauld be detached far use as the burial-transit permit. Then please reagon carban papers. Pages 7 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. FUNERAL DIRECTOR ADDRESS

250. REC'D BY REGISTRAR DATE NOV 15 1968

VR A15 (4) 30M REV. 1/68

TO RESERVE MADE STORES SERVE TO PROJECT THE 

10.5	Items 7, 8 & 13 FILMGLOG MARYLAND STATE DEPARTMENT OF HEALTH	
	11/13/68 kk  13 Films of Vital Records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  16522 CERTIFICATE OF DEATH	16536
deat	DECEASED-NAME (Type or print)  Charles D JAMES  20. DATE OF DEATH Month Doy 11 - 3 -	Yeor 2b. HOUR AM
22 H		Md bb. KIND OF BUSINESS OR
20 13	give street oddress)    MEMOTIA	eet
motion, or removal, and in any event, within	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
demond, or remove	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Landian failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  / WWW.
, monographic mono	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	(3,1
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
X	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
	OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   P.M.   19	
	While Not while of the stands	ounty Stote
	22a. I certify that (I) (this haspital) attended the deceased from 1968, to 1463, to 1463, 1968 saw the deceased alive an 1968, and that in (my) (eur) apinian death accurred an the date a causes stated abave, (I) (we) (did) (did nat) view the bady after death.	, that (I) (we) la nd haur and fram th
/	22d PHYSICIAN'S / 22e. ADDRESS / 1/	SIGNED CS
	NAME (Type) I TORSTON TARRISON. Can the Many land	<b>(</b> ()
2	REMOVAL Specify) 11-5-68 V. of med. Wed School Baltimore, Ma	ounty) (Stote)
30	24. FUNERAL DIRECTOR  ADDRESS & Truebold 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN  TO TRUE SOME DATE HOV 8 1968 ACHOR	



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funding director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physicion.

within 24 haurs afte

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TCOPE	CERTIFICA	ATE OF DEATH		1.00	0.4				
1. DECEASED-NAME First	Middle	Lost 20.	DATE OF DEATH	2 11 11 11	2b. HOUR				
(Type or print) COURTNE	1 JEN	KINS	Month De	Yeor	1040 M				
3. SEX 4. RACE	2 ('-	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
MALE	UHITE		lost birthday)	MONTHS DAYS	HOURS MIN.				
	DE WHAT COUNTRY? 8. MARRIED	NEVER MARRIED 9. CO	UNTY OF DEATH						
country) MO	U.S.A. WIDOWED	DIVORCED 🗍	TALBOT		Md.				
	11. NAME OF HOSPITAL OR INSTITUTION (If not give street oddress)		UPATION (Kind of work done working life, even if retired.)		BUSINESS OR				
13o. USUAL RESIDENCE (Where deceosed lived, if in odmission) STATE 13b. COUNTY	stitution: Residence before 13c. CITY OR 1	OWN 13d. INSIDE CITY TIMITS? YES NO	13e. STREET AND NUMBER						
14. FATHER'S NAME First Mid		MOTHER'S MAIDEN NAME First	Middle	COLE	Lost				
160. WAS DECEASED EVER IN U.S. ARMED FORCESS Yes, not, of unknown)   11 yes give wer or done to iservi	16b. SOCIAL SECURITY NO. 17. IN	FORMANT May &	ENKTALS,	ENTO	al MD.				
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	per line for (o), (b), and (c).)			APPROXI BETWEEN O	MATE INTERVAL INSET AND DEATH				
IMMEDIATE CAUSE (o)	0	0 1 1							
Conditions, if ony, which gove)	OR AS A CONSEQUENCE OF	obstruction							
rise to immediate couse (a).									
stoting the underlying couse DUE 10,	Carcinome	1 Prote	te						
PART 2. OTHER SIGNIFICANT CONDITIONS CON	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								
= 177X	177 V								
190. DATE OF OPERATION 19b. CONDITION FO	R WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CI	ERTIFYING				
2.0.	ME OF INJURY 21c. HOV	W INJURY OCCURRED (Enter notus	re of injury in Port 1 or Port 2	, Item 18.)					
	P.M. 19				11110				
21d. INJURY OCCURRED While Not while of work of work	URY (AT HOME, FARM, STREET, FACTORY.) 21f. LOC OFFICE BUILDING, ETC.	ATION Street or R.F.D. No.	City or Town	County	Stote				
22a. I certify that (I) (this haspital)	attended the deceased from 9	-30 - 196x	to 11-2,1	968 , that	(I) (we) lost				
sow the deceased alive an	11 — 1965, ond	that in (my) (our) opinion	death occurred on the c	lote ond hour	ond from the				
causes stated above? (1) (we) (	did) (did not) view the body after d	eath.	1 22	. DATE SIGNED					
220. SIGNATURE	and of the	ATTENDING MED.		11/4/68					
22d. PHYSICIAN'SE. Fitzgeral	M.D.		/K — 11113. — 1						
22d. PHYSICIAN SE Fitzgeral				1/4/68					
23 SURIAL CREMATION, 23K DATE 6	968 23c. NAME OF CEMETERY OR C	REMATORY 23d	OCATION (City or Town)	(Sounty)	Kind.				
24 FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REG							
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exclined within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the inneral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Person and 2 should be detached far use as the burial, crematian, or remaval, and in any event, within 72 hours after death.

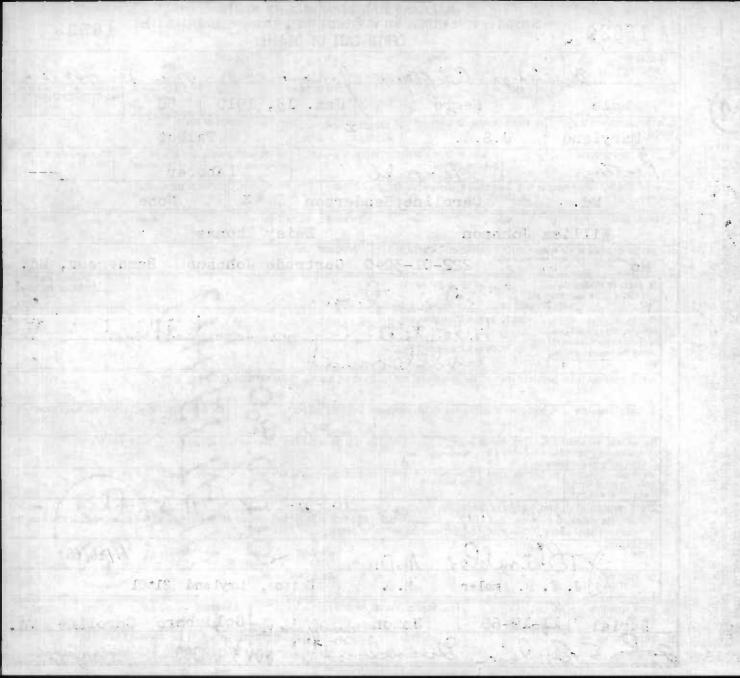
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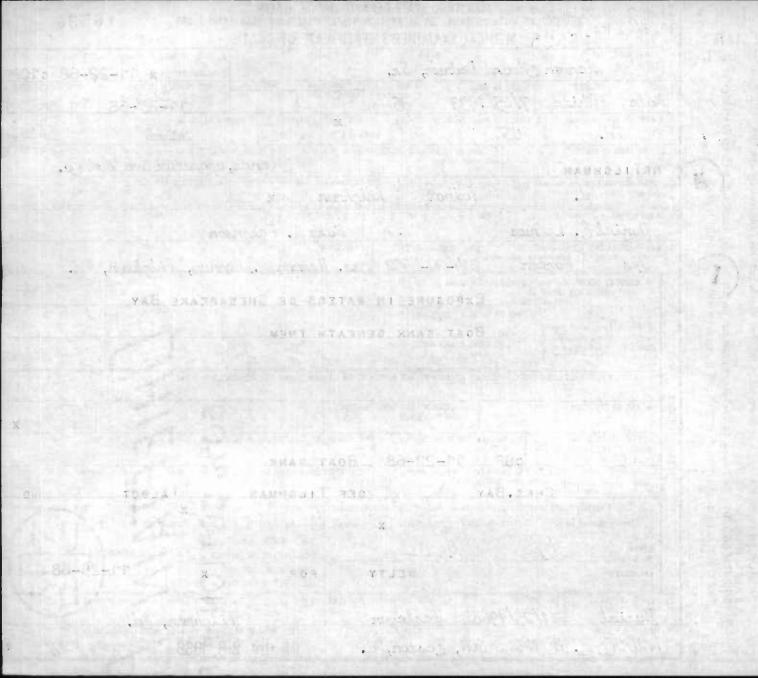
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CERTIFICATE OF DEATH									
		CEASED-NAME First	1 1 1 1 1 1	Middle		Last	20.	. DATE OF DEATH	oth Day	Yeor	2b. HOUR
	,	Wil	liam	Clifto	n	Johns	n	m	Y. 15	1968	8 a
	3. SE	Male .	4. RACE	10000	X	DATE OF BIRTH	7 30	1 1 1	(In years	MONTHS DAYS	HOURS MI
	-			legro			3, 19		YRS.		
4	caur	IRTHPLACE (Stote or foreign try) Maryland	75. CITIZEN OF WHA			NEVER MARRIED		Talbo			
		TY OR TOWN OF DEATH		ME OF HOSPITAL OR IN	WIDOWED [			CUPATION (Kind of		Tion KIND OF D	HEINES OF
9		Factor	give str	reet address)	ial	(	during most of	Laborei	n if retired.)	12b. KIND OF B INDUSTRY	
		USUAL RESIDENCE (Where decease ssion) STATE Md.	d lived, if institution	in: Residence before Caroline	Hend	erson YES	NSIDE CITY LIMITS?	13e. STREET AND	Number None		
2	14. F	ATHER'S NAME First William	Middle Johnso	Lost	15.	MOTHER'S MAIDEN Dai	NAME First	omas	Middle		Last
	16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give we		222-01-		Gertru	ide Jo	hnson	Address Hend	erson	Md.
		1B. CAUSE OF DEATH (Enter and	γ ane couse per line	far (a), (b), and (c)	1) A						ATE INTERVAL SET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIA	) BY: TE CAUSE (a)	Tra	ule	70					
		1991	DUE TO, OR AS	A CONSEQUENCE OF	-1-			-A (	10		
		Canditians, if any, which gave rise to immediate cause (a),	(b) 1	elasta	the	Carco	consid	collea	lese	0	
		stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF	- 1						
		last.	(c) <u>C</u>	reder	ume	ned					
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTE	NG TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DIS	EASE OR CONDIT	TION GIVEN IN PAR	T 1(a)		
	NOIL	190. DATE OF OPERATION 196. 0	ONDITION FOR WHIC	TH OPERATION WAS PE	DEUDMED	20a. AUTOPSY?		JOH IE VEC WE	DE EINDINGS CO	INSIDERED IN CER	TIEVING
2	CERTIFICATION					YES 🗌	NO X	CAUSES OF DEAT	TH?		CILLING
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Year	9			re of injury in Port	t I or Port 2, It	tem 1B.)	
	W	at wark of wark		AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			4.5	City or Town		County	State
		22a. I certify that (I) (thi saw the deceased al couses stated above	s haspital) atterive on, (I) (we) (did) (c	ided the deceos	ed from 1960_, and bady after d	thot in (my) (eath.	our) opinian	, to	d on the dat	te and hour a	(I) (we) nd from
		22b. SIGNATURE	amlt	Par M	, D. DEGRE	ATTENDING	MED.	OR STAFF	22c. P	ATE SIGNED //16/68	
1		22d. PHYSICIAN'S NAME (Type) J. T.	B. Amble	er M	D.	22e. ADDRESS	ton, Ma	ryland	21601		
	230.	BURIAL, CREMATION, 23b. C. REMOVAL (Specify) 11	ATE -19-68		CEMETERY OR O	CREMATORY		oldsbo		(County)	(State)
90	24.	FUNERAL DIRECTOR	0.	ADDRESS		J. J. Sandy	. REC'D BY REG	GISTRAR 256	REGISTRAR'S	SIGNATURE	
V	34	1hm & 150	V	Dies	100/1-	DA	TE NOV 1	1 0 1968	VCles	mela les	MAN





### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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÷.	-34	<b>)</b> [		EASED-NAME Pe or print)	Middle	0.1	lost	20. DATE OF DEATH	Doy Year	2b. HOUR
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fter	illed in by the fu papers. Pages 1 nin 72 hours after	3	3. SE)	4 ,	4. RACE	S	. DATE OF BIRTH	6. AGE (In ye last birthag	POTS IF UNDER 1 YEAR IF L  MONTHS DAYS HO	UNDER 24 HRS.
Jrs o	by the f Pages nours afte	7	70 D	TEMALE.  RTHPLACE (State or foreign 7th	c. CITIZEN OF WHAT COUNTRY?	10	10/24/8	9. COUNTY OF DEATH	YRS.	
hor	in b rs.		cauni		U.S.A.	WIDOWED WIDOWED	NEVER MARRIED DIVORCED	7. COUNTY OF DEATH		
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ithi	15 Kin 7	8		EASton	give street address)	CMORIE	al Alas during m	nost of working life, even if re Teacher	industry Teach	2 20 00
executed within 24 hours after death	corr.	150	30. I	JSUAL RESIDENCE (Where deceased	lived, if institution: Residence before 13b. COUNTY Caroli		OWN JEd. INSIDE CITY I	LIMITS? 13e. STREET AND NUM	MBER One	пив
ex ex	remaye in any ev	2	14. F	ATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME			Last
å.		04	-	Daniel McC			Anna Seg	an		
ote	please please I, and		16a.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURI		ORMANT	Ad	dress	
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the				conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE	OF		0		
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ICIAN: pitol or	rificote ho d for use of Heolth		A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Manth Day Ye ) P.M.	eor 19		er noture of injury in Port 1 ar	Port 2, Item 18.)	
PHYSICIAN	ifter this certibe detoched Stote Dept. o			of work at work	ACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.				County	Stote
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ATT	DIRECTOR: / ge 3 should led with the			22b. SIGNATURE	(i) (we) (did) (die noi) view ii	ne budy uner de			22c. DATE SIGNED	-
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O HOSPITAL Page 4 moy				22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS			
HOS ge 4	director,	0 3	23o.	BURIAL, CREMATION, 23b. DAT		OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tov		Stote)
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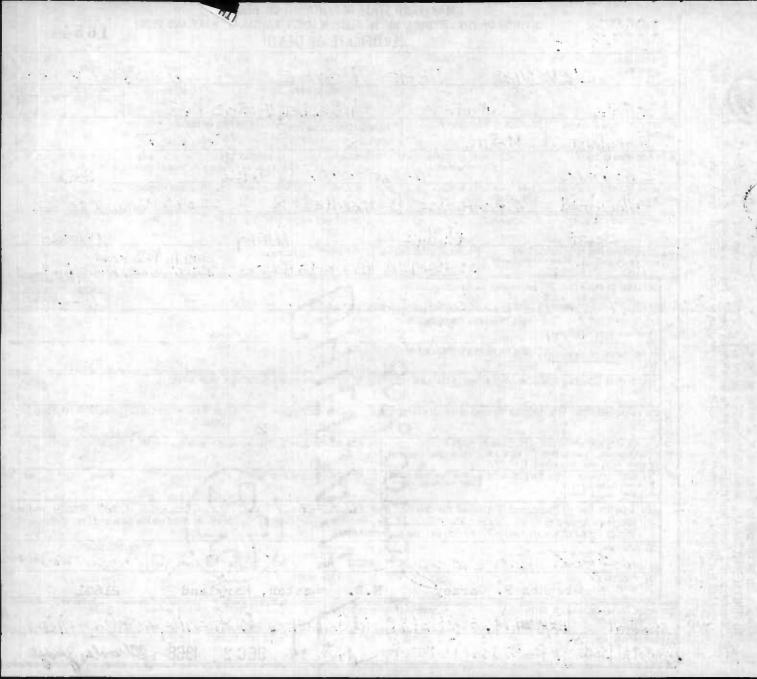
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VR A15 (4)

30M REV. 1/68



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

16542 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR & (Type or print) 3. SEX 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) MONTHS HOURS Male White 1-9-1884 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Penna. Talbot U.S.A. WIDOWED [ DIVORCED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Biologist **INDUSTRY** Medical 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Md. Caroline Goldsboro None 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Eugene Paxson Martha Livesy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 184-05-9175A Josephine Paxson Goldsboro 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES 🗀 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21f, LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work OFFICE BUILDING, FTC. 22a. I certify that (1) (this haspital) attended the deceased from 11-10, 1966, ta 11-10 \_\_, 19\_68, that (1))(we) lost \_19 68, and that in(my) (our) opinion death occurred on the date and hour and fram the saw the deceosed glive on 11-10 couses stoted above (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOYAL (Specify) Greensboro, Caroline Greensboro Cemetery

ADDRESS

Page 4 moy be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should should be filed with the VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16543 16529 CERTIFICATE OF DEATH DECEASED-NAME First Middle 1 ast 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 22 Doy **EDWARD** ALFRED SMITH November 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS White April 29, 1906 Male 7b CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Guntry) Maryland USA WIDOWED [ DIVORCED [ TALBOT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Easton Memorial Hospital INDUSTRY during mast af working life, even if retired.) Faston Power & Light co. Foreman 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY NO 13 S. First Street Denton 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Alfred Marion Smith Annie Reta Tilghman 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) Mrs. Sue A. Smith(Wife) Same as 13e 214-07-7565 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY About AN HOUR IMMEDIATE CAUSE (a) Conditions, if any, which gave ) rise to immediate cause (a). stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 167,19 22a. I certify that (I) (this haspital) attended the deceased fram 1111 8 saw the deceased alive an 11/22/6/ 19 , and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. November 26 / 1968 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Philip Felipe 103 Gay Street, Denton, Maryland 23o. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)

Parsons Cemetery

ADDRESS



REMOVAL (Specify)

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executed within 24 hours after death.

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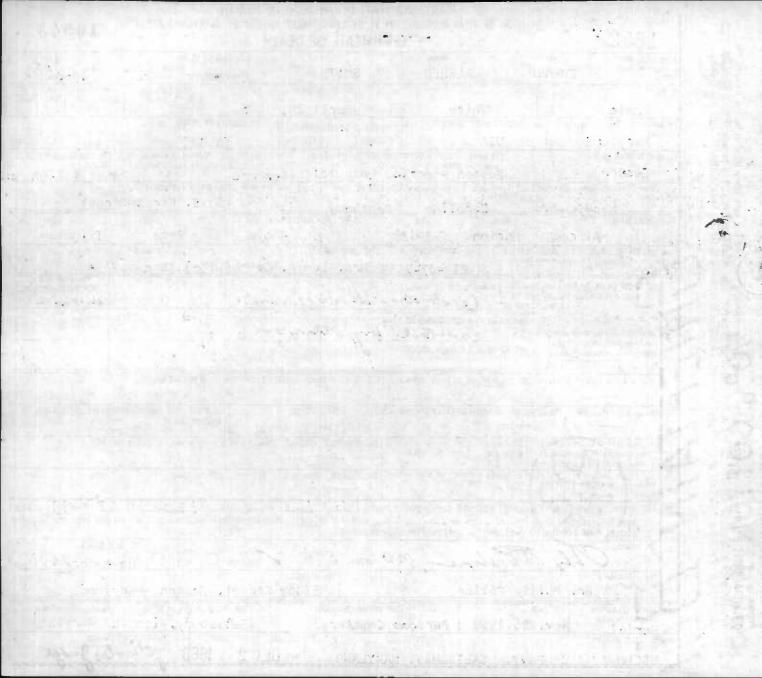
Nov. 26, 1968

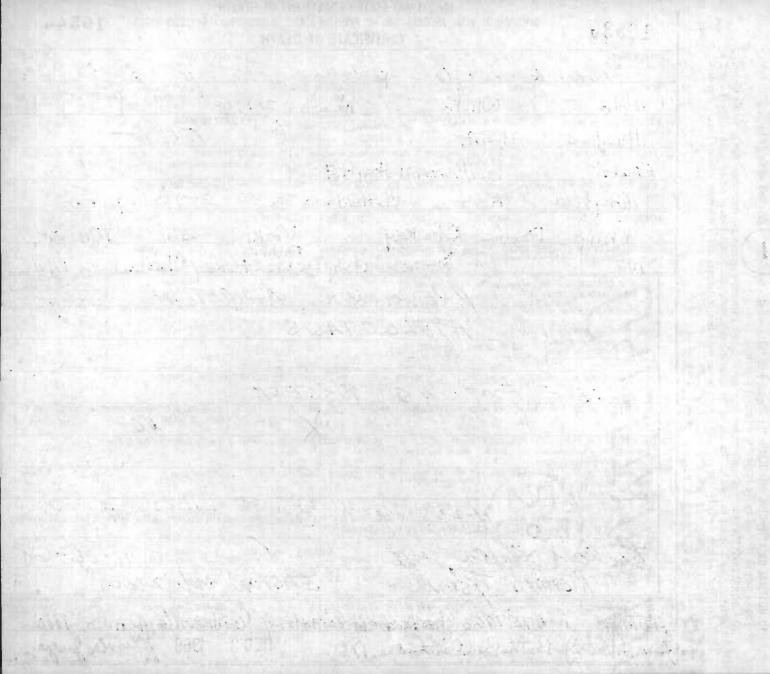
2Sa. REC'D BY REGISTRAR 1968

DATE OF C 2

2Sb. REGISTRAR'S SIGNATURE

Salisbury, Wicomico, Maryland





Umeral Land 2 death.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and c<del>omplete</del>ly filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Preshauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be. Page 4 may be retained by the haspital or attending physician.

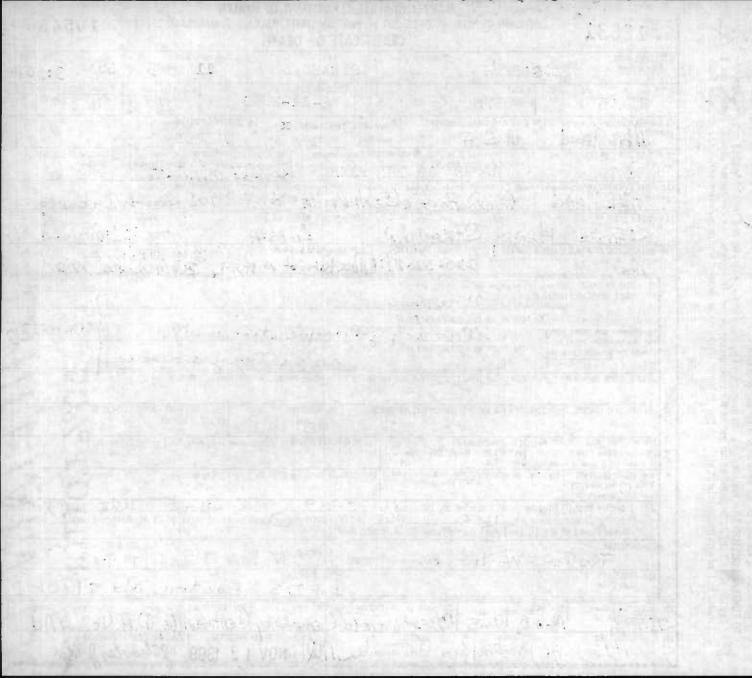
vithin 24 haurs after death.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16545

CERTIFICATE OF DEATH

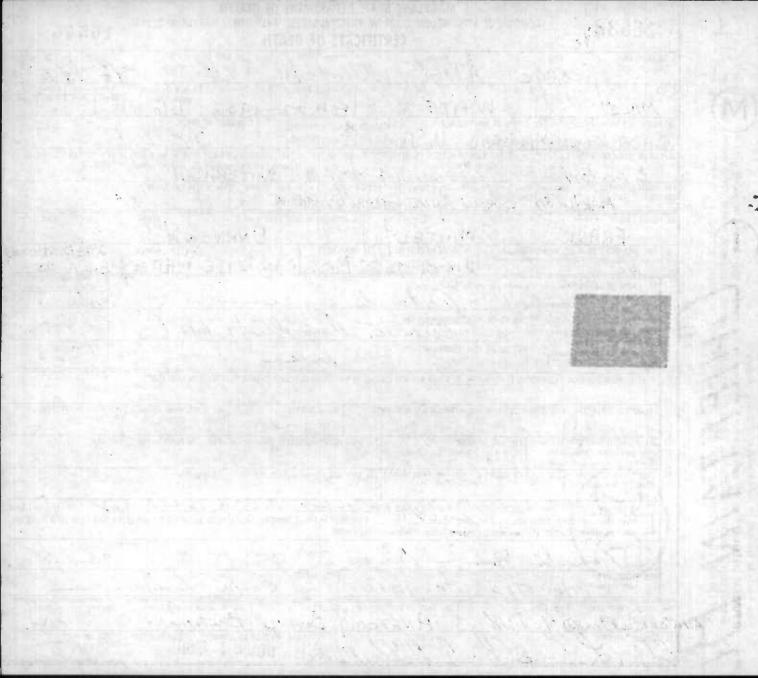
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1		ECEASED-NAME Type or print)	First ELISABETH	Middle	STR	AUGHN	2a. DATE OF DEATH  11 Manth	5 Day 68 Ye	2b. HOUR 3:50 PM
	3. SI	FENALE	4. RACE WHITI		S. DAT	E OF BIRTH 2-11-1880	6. AGE (In y		1 YEAR OF UNDER 24 HRS. DAYS HOURS MIN.
	70. I	BIRTHPUTE (State or fo	reign 7b. CITIZEN OF WI	0	MARRIED NEV	ER MARRIED 9.	COUNTY OF DEATH TALBOT		Md
90	10. (	EAST ON	H 11. N	AME OF HOSPITAL OR INSTITU	TION (If not in hos	during mos	OCCUPATION (Kind of war t of workingdife, even if r	etired.) INDUS	IND OF BUSINESS OR STRY
17	13o. adm	STATE I	are deceased lived, if institut	ion: Residence before	CITY OR TOWN	13d. INSIDE CITY LIMIT YES NO	TS? 13e. STREET, AND NU	MBER	berta
2		FATHER'S NAME FI	HENRY	Straugha		ER'S MAIDEN NAME Firs	it A	Middle Sim	mons
		es, na dr unknown)	N U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. 220-32-17		abert w. f	RATH 303 A	Withway	4nd
		PART I. DEATH W 590 Canditians, if any, whrise to immediate costoting the underlyingst.	DUE TO, OR A	AS A CONSEQUENCE OF  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF	yelor r	replinite	i with	7	Uncertain
g	7	PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT R	ELATED TO THE TI	RMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(c	)	
X	CERTIFICATION	19a. DATE OF OPERATIO	N 19b. CONDITION FOR WH	IICH OPERATION WAS PERFOR		i. AUTOPSY?	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CONSIDERED	D IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS ( OR CONTRIBUTING CO (If either, natify medi	AUSE OF DEATH HOUR A.M.		21c. HOW INJU	IRY OCCURRED (Enter n	nature of injury in Part 1 o	r Part 2, Item 18.)	
	ME	21d. INJURY OCCURRE While Nat while at wark at wark	D 21e. PLACE OF INJURY	( AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.			City or Tawn	Caunty	
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			Bert W. T	rever	DEGREE P		O. STAFF ECTOR PHYS.	22c. DATE SIGN	
1		22d. PHYSICIAN'S NAME (Type)				RD3	Faston,	Md. 2	1601
1 25	5	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Nev. 8, 196		0111	Emetery	23d. LOCATION (City or To	DA.Co	. Md.
(4)	24	FUNERAL DIRECTOR	ton Dr. Bouton	Buy ADDRESS	iville 1	250. REC'DIBY		GISTRAR'S SIGNATUR	



VR A15 (4)

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1		16533	DIVISION OF VITAL RECORDS,		TON STREET, BALTII TE OF DEATH	MORE, MARYLAN	21201	1654	1 1
of all of the control		CEASED-NAME First ype or print)	Middle	11)	last	20. DATE OF DEATH	nth Doy	Yeor, A	2b. HOUR
vithin 24 haurs after death	3. SE	UMA	4. RACE		DATE OF BIRTH	6. AGE	(In years	IF UNDER 1 YEAR I	IF UNDER 24 HRS. HOURS MIN
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within ban pa within within	10. 0	EASTOWN OF DEATH	11 NAME OF HOSPITAL OR INST	ITUTION (If flot in	hospitol 120. USUAl during/roo	L OCCUPATION (Kind o	work done	12b. KIND OF BU INDUSTRY	JSINESS OR
executed within 24 hr and campletely filled in remove carban papers. any event, within 72 h		USUAL RESIDENCE (Where deceos ssion) STATE)	ed lived, if Institution: Residence before 13b. COUNTY AL-130-T	13c. CITY OR TOV	NN 13d. INSIDE CITY LIA  VES NO		NUMBER THE D		40
and rem n an	14. 1	ATHER'S NAME FIRST	Middle Lost IEFENDERFER		OTHER'S MAIDEN NAME FIN	BUK	Middle E.C		Lost
pryskia pryskia en please oval, and i		WAS DECEASED EVER IN U.S. ARM		O. 17. INFOI	RMANT	MIELKE.	Address EAST	ON, M	7-0
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ω —		PART 2. OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DISEASE ORCO	ONDITION GIVEN IN PAR	T 1(o)		
ttendir ttendir as bee as th priar	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	FORMED	20o. AUTOPSY? YES NO	20b. IF YES, WI CAUSES OF DEA		NSIDERED IN CER	TIFYING
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the hospi this cert detached e Dept. a	MED		PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		ION Street or R.F.D. No.	City or Town		County	Stote
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R ATTEI retaine RECTOR: 3 shoul with th		22b. SIGNATURE	e, (I) (we) (did) (did not) New the b		ATTENDING M	ED. STAFF	22c. D	ATE SIGNED	166
may be RAL DIR page 3 be filed		22d. PHYSICIAN'S NAME (Type)	KRECK T	DEGREE	PHYS. DI	RECTOR L PHYS.	h	31 /	08
HOSP ige 4 FUNE rector	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF C	CEMETERY OR CRE	MATORY	23d. LOCATION (City	1	(County)	(Stote)
22 2 5 TV	24.	FUNERAL DIRECTOR	ADDRESS	- A ST C	250. RECD B	REGISTRAR 25H	. REGISTRAR'S S	SIGNATURE	

